

EXHIBIT "E"

LAST WILL AND TESTAMENT OF
VICTOR H. SPARROW, III DATED MAY 7, 2015

**LAST WILL AND TESTAMENT
OF
VICTOR H. SPARROW III**

LAST WILL AND TESTAMENT

OF

VICTOR H. SPARROW, III

I, VICTOR H. SPARROW, III, residing at 580 Feng Qi Road, Hangzhou, City, Zhejiang Province, People's Republic of China 310006, being of sound mind and body declare this to be my Last Will and Testament which speaks as of the date of execution below.

PRELIMINARY DECLARATIONS

Prior Wills and Codicils

1. I revoke all oral or written Wills and Codicils heretofore made.

Marital Status

2. I am not married.

Children

3. I have the following living children:
 - [a]. VICTOR HOWARD SPARROW, IV residing at 30 "F" Street, Northeast, Washington, DC 20002.
 - [b]. CHRISTOPHER THEODORE SPARROW, residing at 30 "F" Street, Northeast, Washington, DC 20002.
 - [c]. BLAKE XAVIER SPARROW, residing at 1768 Willard Street, Washington, DC 20009.
4. The term "child" or "children" as used in this my Will includes the above listed children and any children of mine that are subsequently born or legally adopted.

MY EXECUTOR

5. The expression "my Executor" used throughout this Last Will and Testament includes either the singular or plural number, or the masculine or feminine gender as appropriate wherever the fact or context so requires. The term "Executor" as used in this

Last Will and Testament is synonymous with and may include the terms "Personal Representative" and "Executrix."

APPOINTMENT OF EXECUTOR

6. I hereby appoint PAUL S. LONDON, residing at 5409 Tuscarawas Road, Bethesda, Maryland 20816, to be my Executor of this my Last Will and Testament. If PAUL S. LONDON should predecease me, or should he refuse or be unable to act or continue to act as my Executor, then I appoint TRUNG VAN LA, residing at 1200 New Hampshire Avenue, Northwest, Washington, D.C. 20036 to be the successor and then sole Executor of my Last Will and Testament.

7. No bond or other security of any kind will be required of any Executor appointed under this Last Will and Testament.

DUTIES AND POWERS OF MY EXECUTOR

8. I hereby give and authorize to my Executor and successor, if any, the following duties and powers with respect to my estate, after any donation of my organs to be made by my health care representative ("Patient Advocate") at his discretion:

(a) To make all necessary arrangements for the cremation of my remains and for my ashes to be strewn in the Charles River located in Boston, Massachusetts; to pay my legally enforceable debts; to pay any and all expenses in connection with the administration of my estate and trusts, if any, existing or created pursuant to this Last Will and Testament; all as soon as convenient after my death.

(b) If any real property devised in my Will remains subject to a mortgage at the time of my death, then I direct that the devisee taking that mortgaged property shall take the property subject to that mortgage and that the devisee will not be entitled to have the mortgage paid out or resolved from any remaining assets from the residue of my estate;

(c) To take all legal actions necessary to have the probate of my Will completed as quickly and simply as possible, and as free as possible from any court supervision, under the laws of my domicile, the State of Maryland;

(d) To consult with Trung Van La, residing at 1200 New Hampshire Avenue, Northwest, Washington, D.C. 20036 and/or Frank Sarabia, residing at Bell Canyon, California regarding any assets that they are holding for me; if any, and if such assets exist they will be made a part of my residuary estate.

(e) To take any assets (net of agreed fees and expenses) being held for me by my Executor Paul London and make same a part of my residuary estate.

(f) To retain, exchange, insure, repair, improve, sell or dispose of any and all personal property belonging to my estate as my Executor deems advisable without liability for loss or depreciation;

(g) To open or close bank accounts in the name of the Estate;

(h) To maintain, continue, dissolve, change or sell any business which is part of my estate, or to purchase any business if deemed necessary or beneficial to my estate by my Executor;

(i) To maintain, settle, abandon, sue or defend, or otherwise deal with any lawsuits against my estate;

(j) To employ any lawyer, accountant or other professional to assist in the administration of the Estate, as needed, to be determined by the executor and to provide compensation for said services performed.

(k) To be reimbursed by the estate for any necessary out-of-pocket expense incurred by him in carrying out his duties hereunder.

9. The above authority and powers granted to my Executor are in addition to any powers and elective rights conferred by any state or federal law or by any other provision of this Will and may be exercised as often as required, and without requiring the application to or the approval by any court.

THE DISPOSITION OF MY ESTATE

Specific Bequests


10. To receive a specific bequest under this Will, the named beneficiary must survive me for a period of thirty (30) days. Any specific bequest that lapses or that fails to pass to a beneficiary shall be returned to my estate and be included in the remainder and residue of my estate. All property, real or personal, given under this Last Will and Testament is subject to any encumbrances or liens attached to the property. My specific bequests are as follows:

(a) I give and bequeath the sum of One Thousand Dollars (\$1,000) to my son, VICTOR HOWARD SPARROW, IV, if he survives me.

(b) I give and bequeath the sum of One Thousand Dollars (\$1,000) to my son, CHRISTOPHER THEODORE SPARROW, if he survives me.

(c) I give and bequeath the sum of One Thousand Dollars (\$1,000) to my son, BLAKE XAVIER SPARROW, if he survives me.

Residuary Estate

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11 I give and bequeath to YING JIN (应瑾), Chinese Identification Card: 330106196611291828 with a date of birth of November 29, 1966, residing at Apartment #1801, Unit 1, Building 8, No.100, Tong Yi Road, Hangzhou, Zhejiang, Province, People's Republic of China 中国浙江杭州通益路100号8幢1单元1801), the rest and remainder of my estate, including but not limited to items of clothing, jewelry, personal effects, articles of household use and ornament, furniture, and other tangible personal property of like nature which may be owned by me at the time of my death and not otherwise bequeathed or used in the administration of my Estate.

12. In the event of any dispute among my beneficiaries with respect to the distribution of my assets, the decision of my then Personal Representative shall be final and binding on all persons interested therein, including the decision to sell such personal property, and distribute the proceeds as part of my residuary estate.

13. The reasonable cost of protecting, appraising, packing, storing, shipping, cleaning, delivering, and insuring all assets disposed and in this section, including costs incurred by the issuance of letters of administration, shall be paid as an expense of administering my estate.

INSUFFICIENCY OF MY ESTATE

14. If the value of my estate is insufficient to fulfill all of the bequests described in this Last Will and testament, then I give my Executor full authority to decrease each bequest by a proportionate amount.

ADDITIONAL PROVISIONS RELATING TO HEALTH CARE

15. I hereby appoint as my primary Health Care Proxy and Patient Advocate, Trung Van La, and as my secondary Health Care Proxy and substitute Patient Advocate, the Executor Paul S. London, pursuant to the appointment and designation annexed hereto as Exhibit "A". The Advocate and substitute Advocate shall be the recipient of the annexed Health Care Power of Attorney, subject to their acceptance thereof. My Patient Advocate shall have full power to make health care decisions for me, including the power to within seventy-two (72) hours of my death direct the donation of any number of my bodily organs to any officially recognized and authorized recipient thereof – and to:

i. Consent or not consent to medical procedures and treatments which my doctors may offer, including things that are intended to keep me alive, such as , but not limited to, ventilators and feeding tubes;

ii. Decide who my doctor and other health care providers should be;

iii. Decide where I should be treated, including whether I should be in a hospital, a nursing home, another medical care facility, or a hospice program.

iv. It is my desire to receive appropriate medical treatment so long as there is a reasonable hope of recovery, but I do not want my life artificially extended beyond any reasonable hope of recovery to enable me to have a meaningful quality of life and I do not want to prolong the dying process. I do not intend by this document to authorize or request euthanasia or assisted suicide but to avoid being unwillingly sustained in a condition that is only a semblance of life; or to be allowed to endure pain for which there is treatment available, whether or not recovery is possible. I intend for this document to be effective in both terminal and non-terminal situations in which I am unable to speak for myself.

16. I also appoint my Executor and Patient Advocate, to have access to my personally identifiable health care and related information of all kinds and in any form, and to execute any other document that may be required or requested in order to do so. I intend this authority to be effective immediately, whether or not I am able to make or communicate health care decisions for myself. This authority shall remain in effect until my death unless earlier revoked by me, and it is understood that I may revoke it at any time.

17. I grant to my Patient Advocate full power to make decisions for me regarding my health care. In exercising his authority, my Advocate shall attempt to communicate with me regarding my wishes if I am able to communicate in any way. If my Advocate cannot determine the choice I want made, then he shall make the choice for me based upon what he believes I would do if I were able, or if he is unable to make that determination, then he is to act based upon what he believes to be in my best interests. I intend that the power given hereby to be interpreted as broadly as possible, other than for any limitations in my advance directives above or set out hereinafter. Accordingly, unless so limited, my Advocate is authorized:

i. To consent, to refuse or to withdraw consent once given, to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medications and the use of mechanical or other procedures affecting my bodily functions; including, without limitation, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

ii. To have access to and have the right to have disclosed to him, medical reports, records and information to the same extent that I would myself have access;

iii. To authorize my admission to or my discharge from any hospital, residential care or related facility, even against medical advice, without liability;

iv. To contract for health care or related services, without my Advocate incurring personal liability therefore;

v. To hire and fire medical, social service or related personnel responsible for my care;

vi. To authorize or refuse to authorize any medication or procedure to relieve pain, even though such use may directly lead to temporary discomfort or addiction, or inadvertently hasten the moment of death;

vii. To authorize an autopsy and direct the disposition of my remains and the donation of my organs, to the extent permitted by law;

viii. To take any other action necessary to effectuate the intent and purpose of this broad grant of powers, including, without limitation, granting any waiver of release from liability required by any health care provider or related agency;

ix. To sign any document, or enforce any of my Advocate's decisions relative to health care in any manner or way whatsoever and pursuing legal action in my name at the expense of my estate, should that be necessary, to enforce compliance with my wishes as determined by my Advocate pursuant to the authority given herein.

18. Without in any way limiting the broad powers herein granted, I express the hope that, circumstances permitting, my Advocate will consult my family and friends for their advice and support in arriving at what may be difficult decisions; but, the final decisions shall be that of my Advocate.

19. No person who relies in good faith upon any representation of my Advocate shall be liable to me, my estate, my heirs or assignees, for recognizing the Advocate's authority. Although no compensation of my Advocate is contemplated, he shall be entitled to reimbursement of any and all reasonable expenses incurred as a result of carrying out any provision of this document.

20. Invalidity of one or more of the enumerated powers set forth herein, shall not invalidate any others.

21. I am in full control of my mental faculties and I understand the contents of this document and the effect of this grant of powers to my Advocate.

NO CONTEST PROVISION

22. If any beneficiary under this Will contests in any court any of the provisions of this Will, then each and all such persons shall not be entitled to any devises, legacies, bequests, or benefits under this Will or any codicil hereto, and such interest or share in my estate shall be disposed of as if that contesting beneficiary had not survived me.

SEVERABILITY


23. If any provisions of this Will are deemed unenforceable, the remaining provisions will remain in full force and effect.

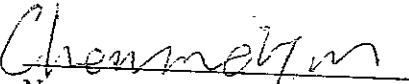
IN WITNESS WHEREOF, I have signed my name on this the 3 day of May, 2015 at Hangzhou City, People's Republic of China, declaring and publishing this instrument as my Last Will and Testament, in the presence of the undersigned witnesses, who witnessed and subscribed this Last Will and Testament at my request and in my presence.

(Testator Signature and Witness Signatures follow)


VICTOR H. SPARROW, III

WITNESSES:


Name and Address (Guat Hoon, Boo),
4700, Braiden Lane
Beltsville, MD 20855


Name and Address
MEI YUN CHEN
625 NORTHCLIFF DR.
ROCKVILLE, MD. 20850

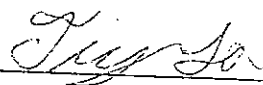

Name and Address
5510 Muncester Mill Rd.
Derwood, MD 20855
Timothy Van La

EXHIBIT "A"

**HEALTH CARE POWER OF ATTORNEY
OF
VICTOR H. SPARROW III**

**HEALTH CARE POWER OF ATTORNEY
DESIGNATION OF PATIENT ADVOCATE**

TO MY FAMILY, DOCTORS AND ALL CONCERNED WITH MY CARE:

These instructions express my wishes about my health care. I want my family, doctors, and everyone else concerned with my care to act in accord with them.

1. Appointment of Patient Advocate

I appoint the following person my Patient Advocate:

Patient Advocate's Name: TRUNG VAN LA

Address: 1200 New Hampshire Avenue, NW, Washington, DC 20036

2. Appointment of Successor Patient Advocate

I appoint the following person my successor Patient Advocate if my Patient Advocate does not accept my appointment, is incapacitated, resigns or is removed. My successor Patient Advocate is to have the same powers and rights as my Patient Advocate.

Name: PAUL S. LONDON (Successor Patient Advocate)

Address: 5409 Tuscarawas Road, Bethesda, Maryland 20816

My Patient Advocate shall delegate his powers to the successor Patient Advocate if he is unable to act.

My Patient Advocate or successor Patient Advocate may only act if I am unable to participate in making decisions regarding my medical treatment.

3. Instructions for Care

My Patient Advocate shall have the authority to make all decisions and to take all actions regarding my care, custody and medical treatment, including, but not limited to the following:

- a. Have access to, obtain copies of and authorize release of my medical and other personal information.
- b. Employ and discharge physicians, nurses, therapists, and any other health care providers, and arrange to pay them reasonable compensation.
- c. Consent to, refuse or withdraw for me any medical care; diagnostic, surgical, or therapeutic procedure; or other treatment of any type or nature, including life-sustaining treatments. I understand that life sustaining treatment includes, but is not limited to

breathing with the use of a machine and receiving food, water and other liquids through tubes. I also understand that these decisions could or would allow me to die. I have listed below any specific instructions I have related to life-sustaining treatments.

My Patient Advocate is to be guided in making medical decisions for me by what I have told him about my personal preferences regarding my care. I understand that this decision could or would allow me to die.

4. Effect

This document is to be treated as a Durable Power of Attorney for Health Care and shall survive my disability or incapacity.

5. HIPAA Release Authority

This instrument is meant to be an unlimited, full and complete authorization for the release of any and all protected medical information as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164, as amended, and under the rules and regulations thereunder, and covers all protected information. It is understood that my Patient Advocate to whom this authorization is given has my permission to use and disseminate this information in my Patient Advocate's sole discretion.

a. I intend for my Patient Advocate to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by HIPAA.

b. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my Patient Advocate, without restriction, all my individually identifiable health information and medical records, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

c. The authority given my Patient Advocate shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information.

d. The authority given my Patient Advocate has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

6. Miscellaneous Provisions

If I am unable to participate in making decisions for my care and there is no Patient Advocate or successor Patient Advocate able to act for me, I request that the instructions I have given in this document be followed and that this document be treated as conclusive evidence of my wishes.

It is also my intent that anyone participating in my medical treatment shall not be liable for following the directions of my Patient Advocate that are consistent with my instructions.

This document is signed in the City of _____, Peoples Republic of China. It is my intent that the laws of the State of Maryland, USA govern all questions concerning its validity, the interpretation of its provisions and its enforceability. I also intend that it be applied to the fullest extent possible wherever I may be.

I hereby revoke any and all prior Health Care Powers of Attorney executed by me.

Photocopies of this document can be relied upon as though they were originals.

I am providing these instructions on my free will. I have not been required to give them in order to receive or have care withheld or withdrawn. I am at least eighteen (18) years old and of sound mind.

Date:

07-09-15



SIGNATURE OF PRINCIPAL/GRANTOR

VICTOR H. SPARROW III

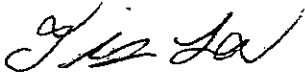
Address:

WITNESS STATEMENT AND SIGNATURE

I declare that the person who signed this Designation of Patient Advocate signed it in my presence and is known to me. I also declare that the person who signed appears to be of sound mind and under no duress, fraud, or undue influence and is not my husband, parent, child, grandparent, brother or sister. I further declare that I am not the presumptive heir of the person who signed this document, the known beneficiary of his will at the time of witnessing, his physician or a person named as the Patient Advocate. I also further declare

that I am not an employee of a life or health insurance provider for the person who signed, an employee of a health facility that is treating him, or an employee of a home for the aged where he resides and that I am at least eighteen (18) years old.

WITNESS:



Name: Timothy Van La
Address: 5510 Muncaster Mill Road
Derwood, Maryland 20855

ACCEPTANCE BY THE PATIENT ADVOCATE

I agree to be the Patient Advocate for VICTOR H. SPARROW III (called "Patient" in the rest of this document). I accept the Patient's designation of me as Patient Advocate. I understand and agree to take reasonable steps to follow the desires and instructions of the Patient as indicated in the Designation of Patient Advocate, in other written instructions of the Patient and as we have discussed verbally.

I also understand and agree that:

- a. This designation shall not become effective unless the Patient is unable to participate in medical treatment decisions.
- b. A Patient Advocate shall not exercise powers concerning the Patient's care, custody, and medical treatment that the Patient, if the Patient were able to participate in the decision, could not have exercised on his own behalf.
- c. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a Patient that would result in the Patient's death.
- d. A Patient Advocate may make a decision to withhold or withdraw treatment which would allow a Patient to die only if the Patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the Patient acknowledges that such a decision could or would allow the Patient's death.
- e. A Patient Advocate shall not receive compensation for the performance of his authority, rights, and responsibilities, but a Patient Advocate may be reimbursed for actual

and necessary expenses incurred in the performance of his authority, rights and responsibilities.

f. A Patient Advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the Patient and shall act consistent with the Patient's best interests. The known desires of the Patient expressed or evidenced while the Patient is able to participate in medical treatment decisions are presumed to be in the Patient's best interests.

g. A Patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.

h. A Patient Advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.

i. A Patient admitted to a health facility or agency has the rights enumerated under HIPAA.

If I am unable to act after reasonable effort to contact me, I delegate my authority to the person the Patient has designated as successor Patient Advocate. The successor Patient Advocate is authorized to act until I become available to act.

PATIENT ADVOCATE:


NAME: TRUNG VAN LA

ADDRESS: 1200 New Hampshire Avenue, Northwest, Washington, DC 20036

SUCCESSOR PATIENT ADVOCATE


NAME: PAUL S. LONDON

ADDRESS: 5409 Tuscarawas Road, Bethesda, Maryland 20816